

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 99540 Office of Registrar of Vital Statistics.

Ward 2<sup>nd</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death Supposed to be some time in February last - 1889

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Unknown

Sex, ~~Male~~ or ~~Female~~, { Cross out the word not required in this line. }

Age, About 40 Years,

Months, ✓ Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Unknown

Occupation, " "

Birth Place, { State or country, and how long in the United States, if of foreign birth. } " "

Duration of Residence in the City of Baltimore, " "

Place of Death, { Give Street and Number. } Taken out of the water foot of Ave St

Cause of Death, { First (Primary) Second (Immediate), } Supposed - Accidental Drowning

Duration of Last Sickness, " "

All the above information should be furnished by the Physician.

Place of Burial, B. Public

Date of Burial, April 3<sup>rd</sup> 1889

Undertaker, Geo. Rice and Hall Rutledge M. D.

Place of Business, Health Dept Address 403 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of

## Health Department, City of Baltimore.

Permit No. *99571* Office of Registrar of Vital Statistics.

Ward *13<sup>2</sup>*

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four* hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, *April 29<sup>th</sup> 1887*

Full Name of Deceased, *Mary J. Gumpman*

Sex, *Male* or Female, *Male*

Age, *87* Years, *White* Months, *White* Days.

Color, *White*

Married, Single, Widow or Widower, *Single*

Occupation, *Germany*

Birth Place, *Germany*

Duration of Residence in the City of Baltimore, *Twenty years*

Place of Death, *106 S. Annapolis St*

Cause of Death, *General Weakness*

Duration of Last Sickness, *One week*

All the above information should be furnished by the Physician.

Place of Burial, *Sweet Home*

Date of Burial, *May 2<sup>nd</sup>*

Undertaker, *J. J. Brown*

Place of Business, *89 Hollister St*

Address, *89 Hollister St*

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back.

# Health Department, City of Baltimore.

Permit No. 9957 1/2 Office of Registrar of Vital Statistics.

Ward 4<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death,

April 27<sup>th</sup> 1887

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Laurence Chandler

Sex, Male or ~~Female~~,

{ Cross out the word not required in this line. }

Age,

One

Years,

Six

Months,

Days

Color,

Colored

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birth Place,

{ State or country, and how long in the United States, if of foreign birth. }

Balto. Md.

Duration of Residence in the City of Baltimore,

Life time

Place of Death,

{ Give Street and Number. }

112 Chestnut St

Cause of Death,

{ First (Primary),

Acute Tonsillitis

Second (Immediate),

Duration of Last Sickness,

Three weeks

All the above information should be furnished by the Physician.

Place of Burial,

Laurel Cemetery

Date of Burial,

April 30<sup>th</sup> 1887

Undertaker,

William Dungee

E Oliver Bell

M. D.

Medical Attendant.

Place of Business,

150 East St

Address,

Presbyterian E. E. + Thos. Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

## Board of Health, City of Baltimore.

Permit No. 99543 Office of Registrar of Vital Statistics. Ward 3<sup>rd</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, April 29<sup>th</sup> 5:55 A.M. 1887

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Savilla Garner

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 35 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days,

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation Housewoman

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Texas

Duration of Residence in the City of Baltimore, 30 Years

Place of Death, { Give street and Number. } 10 Little Broadway

Cause of Death, { First (Primary), Long live Chills

{ Second (Immediate)

Duration of Last Sickness, Since Tuesday April 25<sup>th</sup>

Place of Burial, Laurel Cemetery

Date of Burial, May the 1<sup>st</sup>

Undertaker John E. Grace

Place of Business, 313 S. Caroline St

Address, 1701 E Baltimore St

Medical Attendant, James E. Donnell M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of

# Health Department, City of Baltimore.

Permit No. 9954 Office of Registrar of Vital Statistics.

Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, April 29<sup>th</sup>, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Catherine Happel

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 39 Years, 8 Months, 2 Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 34 years in U.S. in B.C.

Place of Death, { Give Street and Number. } Old No 2 Lehoupe St

Cause of Death, { First (Primary), Second (Immediate), } Phthisis Pulmonalis

Duration of Last Sickness, 18 mos.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 2<sup>nd</sup>

Undertaker, B. Hearn Robert S. Lowe M. D.  
Medical Attendant.

Place of Business, 115 West St Address, 1019 Light St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of

# Health Department, City of Baltimore.

Permit No. 99545 Office of Registrar of Vital Statistics.

Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death,

April 29th 1889

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Christine Kämmerer

Sex, Male or Female, { Cross out the word not required in this line. }

Female

Age, 80 Years,

4 Months,

Days.

Color,

White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Germany

Duration of Residence in the City of Baltimore,

6 years

Place of Death, { Give Street and Number. }

319 S. Green St

Cause of Death, { First (Primary), Second (Immediate), }

Old Age

Prostration

Duration of Last Sickness,

2 months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem.

Date of Burial, May 1st 1889

{ Undertaken, }

Wm. J. Kämmerer M. D.

{ Place of Business, }

221 Stewart St

Address,

610 S. Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



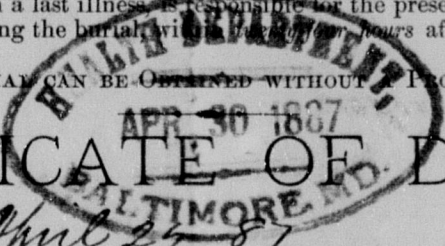
The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back

# Health Department, City of Baltimore.

Permit No. 99546 Office of Registrar of Vital Statistics. Ward 5

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT PROPER CERTIFICATE.



## CERTIFICATE OF DEATH.

Date of Death, April 27 87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Pinchas Mittleman

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 35 Years, \_\_\_\_\_ Months, ✓ Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation, Seegar Maker

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Russia

Duration of Residence in the City of Baltimore, 5 years

Place of Death, { Give Street and Number. } 232 S Spring Str

Cause of Death, { First (Primary), Second (Immediate), } don't know { did not attend him he had no Physician. His wife says he was too poor to employ one. He would occasionally apply to the dispensary }

Duration of Last Sickness, about over 5 years { He had difficult breathing and pain in the region of the heart }

All the above information should be furnished by the Physician.

Place of Burial, Ohel Shalom

Date of Burial, May 1<sup>st</sup>

Undertaker, Evans & Spence Friedman M. D.

Medical Attendant.

Place of Business, 1000 E Balt Address, 310 N Sultan Street

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. **99547**

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, **April 29th 1889.**

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } **Annie Augustus Johnston**

Sex, ~~Male~~ & Female, { Cross out the word not required in this line. }

Age, **Seven** Years, **Three** Months, **Three** Days.

Color, **Brown**

~~Married~~, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, **No occupation**

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } **Baltimore City**

Duration of Residence in the City of Baltimore, **all her life**

Place of Death, { Give street and number. } **No 249 Canal Alley**

Cause of Death, { First (Primary), Second (Immediate), } **Convulsions**

Duration of Last Sickness, **About 24 hours**

All the above information should be furnished by the Physician.

Place of Burial, **Lambert Cemetery**

Date of Burial, **May 1st 1889**

Undertaker, **Wm. H. H. H. H.**

Place of Business, **56 North Avenue**

Address, **706 N. Howard St.**

**Edward M. Wise M.D.**  
Medical Attendant

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[WEL]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 99548 Office of Registrar of Vital Statistics. Ward 112

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, April 29th 89

Full Name of Deceased, Berdy Johnson

Sex, Male or Female, Male

Age, 50 Years, 0 Months, 0 Days.

Color, Brown

Married, Single, Widow or Widower, Widow

Occupation, Waiter

Birth Place, Penns

Duration of Residence in the City of Baltimore, 43 years

Place of Death, 583 Orchard St

Cause of Death, Consumption

Duration of Last Sickness, 5 months

All the above information should be furnished by the Physician.

Place of Burial, Sharpsbury

Date of Burial, May 1st 1889

Undertaker, Alex Kennedy

Place of Business, 561 Orchard St Address, 424 N. Greene St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

## Health Department, City of Baltimore.

Permit No. 99549 Office of Registrar of Vital Statistics. Ward 19<sup>2</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, Apr. 29<sup>th</sup> / 87

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Weeks

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 11 Years, 11 Months, — Days

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, —

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balto.

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give Street and Number. } 208 Mount St. near Sanvale

Cause of Death, { First (Primary), Asphyxiation  
Second (Immediate), Three weeks }

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemty

Date of Burial, April 30<sup>th</sup> 1887

{ Undertaker, Joseph F. Byrne } Wm. H. Warner M. D.

Medical Attendant.

{ Place of Business, 59<sup>2</sup> Liberty } Address, 901 N. Thacker

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]